

Application for Certification as an Eligible Energy Resource Under the
Delaware Renewable Energy Portfolio Standard

1. Name of Facility
WHA - SOUTH BRIDGE SOLAR PARK

2. Facility Address
900 SOUTH CLAYMONT ST.
WILMINGTON, DE 19801

Is the facility located within the PJM control area? ☐ Yes ☐ No
If No, does the Facility have import capabilities¹? ☐ Yes ☐ No

3. Name of Owner
ECOGY ~~DELLA~~ DELAWARE II LLC.

Mailing Address
9 BINNEY LANE
OLD GREENWICH, CT 06870

Phone 203-561-0491 Fax _____

Email jbertuzz@gmail.com

4. Name of Operator
ECOGY SOLAR, LLC.

Mailing Address
645 MANHATTAN AVE. APT 4R
BROOKLYN, NY 11222

Phone 203-561-0491 Fax _____

Email jbertuzzi@gmail.com

¹ Documentation will be required to substantiate import capabilities into PJM.

5. Name of Contact Person

JOHN GORMAN

Mailing Address

71 WEST STREET
BROOKLYN, NY 11222

Phone

718-395-3620

Fax

Email

assetmanagement@ecogysolar.com

6. Name of REC/SREC Owner

ECOGY DELAWARE II LLC

Mailing Address

9 BINNEY LANE
OLD GREENWICH, CT 06870

Phone

203-561-0491

Fax

Email

jbtertuzz@gmail.com

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

8. Operational Characteristics:

Fuel Types Used (check all that apply):

- ☐ Gas combustion from the anaerobic digestion of organic material
- ☐ Geothermal
- ☐ Ocean, wave or tidal actions, currents, or thermal differences
- ☐ Qualified Biomassⁱ
- ☐ Qualified Fuel Cellsⁱⁱ
- ☐ Qualified Hydroelectricⁱⁱⁱ
- ☐ Qualified Methane Gas captured from a landfill gas recovery system^{iv}

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS) _____

Rated Capacity (in megawatts - DC) _____

1.15245

If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.

Facility Final Approved Interconnection Date _____

6/1/2018

If co-firing with fossil fuels, co-fire start date _____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation?

☒ Yes

☐ No

Is the Applicant's facility a community owned generating facility?

☐ Yes

☒ No

Can the output from the customer-sited generation be appropriately metered?

☒ Yes

☐ No

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes*

☒ No

CM1 Electric

Company Name of Installer

83A Albe Dr.

Address

NEWARK, DE 19702

Address



Signature of Company Representative

Laron Donovan

Print Name of Company Representative

*If Yes, please attach the following documentation:

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
 - o If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
 - o If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☒ Yes*

☐ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☒ Yes*

☐ No

CM1 ELECTRIC


Company Name of Installer

83 Albe Dr.

Address

NEWARK, DE 19702

Address



Signature of Company Representative

Laron Donovan

Print Name of Company Representative

*If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

I, _____ (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: _____

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

- a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

CMI Solar & Electric, Inc.

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
Andrew Faulkner	Wilmington, DE	62
Marco Almeida	Cherry Hill, NJ	32
Matthew Pentecost	Newark, DE	89
Robert McConaghie	Wilmington, DE	71
Edward McGuire	Wilmington, DE	33
Michael Robinson	Newark, DE	24
Zachary Sulecki	Newark, DE	12
John Allen	New Castle, DE	92

Total Delaware Resident Employees: 9 Total Number of Employees: 10

% of Delaware Residents (Delaware Residents Divided by Total Employees): 90%

Documentation Required for Delaware Labor/Workforce Bonus

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as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
Bryan Kreer	Newark, DE	40
Kevin Ward	Newark, DE	66

Total Delaware Resident Employees: 9 Total Number of Employees: 10

% of Delaware Residents (Delaware Residents Divided by Total Employees): 90%